Quantity Purchase Agreement Qty Purchase Agreement QPA Number With The State Of Indiana 0000000000000000000011227

Vendor ASK US

Remit to: 8530 DEPOT DR

INDIANAPOLIS IN 46217

ASK US Name and

Address Cntct: SHARON KEEN of Vendor: 8530 DEPOT DR

INDIANAPOLIS IN 46217

000000000000000000011227

1 **of** 2 Sarstedt Screw Caps & Tubes Requisition Nbr.:

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Effective Date: 09/01/2009 12/31/2010 Expiration Date:

Agency Number:

Facility: ASA-10-010 Vendor ID: 0000221863 Vendor Telephone Nbr: 317-865-3506 Name Of Contact Pers: SHARON KEEN

FAX Number: 317-859-3688

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

The Vendor agrees to charge these prices for any products ordered on any QPA release received after the expiration of the QPA but issued prior to the expiration date. The quantity listed herein is an estimate of the requirements. The state may order substantially more or substantially less pursuant to the terms of this agreement. Orders are to be delivered only upon receipt of properly approved Quantity Purchase Award Release.

Line Number Quantity UNIT **Article and Description Unit Price**

This is an award of a Quantity Purchase Agreement specifically for Indiana Board of Health for Sarstedt Caps & Tubes for a period of one year beginning 9/1/2009 or from date of late signature whichever is late and end August 31, 2010 or from date of State's last signature whichever is later.

QPA can be mutually renewed yearly for three additional years.

The vendor agrees to charge these prices for any products ordered on any QPA release received after the expiration date, but issued prior to the expiration date, and postmarked no later than 14 business days after the QPA's expiration date.

Quantities are estimates and could be more or less.

The awarded vendor must maintain, at a minimum the information listed below in excel format and supplied to the State within one week of the request.

The report must include purchases from State Agencies and any Political Subdivision's purchases.

- * Entity Name
- * Entity Address
- * Date of Order
- * Purchase Order Number
- * Description of Goods Ordered
- Quantity
- * Order Total

Delivery is 3-5 days ARO.

1	99,999,999.00 CS	000000000100014073 Skirted PP Tube	Sarstedt 3.5ml,66mm x 11.5mm,Screw Cap,Conical	160.4000
2	99,999,999.00 CS	00000000100077961	Sarstedt 2.0 ml, SC Micro Tube, Conical ST	170.8000
3	99,999,999.00 EA	00000000100089189 55.475.001	5ML, Push Cap, Round Base,PS Tube, 1000/CS, Sarstedt#	111.7600
4	99,999,999.00 CS	000000000100077964 ST	Sarstedt 2.0 ml, Loop SC Micro Tube, Conical Skirted	216.4500
5	99,999,999.00 CS	000000000100077965 with Graduations	Sarstedt 2.0 ml, SC Micro Tube, Conical Skirted ST	228.0000

The following UN/CEFACT Unit of Measure Common Codes are used in this document:

CS Case EΑ Each

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8530 DEPOT DR Remit to:

INDIANAPOLIS IN 46217

Name and ASK US

Cntct: SHARON KEEN Address of Vendor: 8530 DEPOT DR

INDIANAPOLIS IN 46217

2 of 2 Requisition Nbr.: Sarstedt Screw Caps & Tubes

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Effective Date: 09/01/2009 12/31/2010 **Expiration Date:**

Agency Number:

Facility: ASA-10-010 Vendor ID: 0000221863 Vendor Telephone Nbr: 317-865-3506

Name Of Contact Pers: SHARON KEEN **FAX Number:** 317-859-3688

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UNIT **Unit Price** Line Number Quantity **Article and Description**

Signature of Purchasing Officer	Typed Name	Signature Of Approval Office Of the State Attorney General	
	Date Signed	Typed Name	Date Signed
Authorized Signature Indiana Department Of Administration Procurement Division 402 West Washington Street, Rm W468 Indianapolis. Indiana 46204			

Telephone: (317) 232-3150